

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**

OP ID SD

DATE (MM/DD/YY)

PRODUCER

Aegis Insurance Services, Inc.  
260 Cotton Field Court  
Alpharetta GA 30022  
Phone: 770-360-5565 Fax: 770-667-8348

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

INSURED

Stevens Van Lines, Inc.  
527 Morley Drive  
Saginaw MI 48601

INSURER A: VanLiner Insurance Co. - VAN  
INSURER B: Kemper Insurance Companies  
INSURER C: Mt. Hawley Insurance Company  
INSURER D:  
INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
B	<b>GENERAL LIABILITY</b>	5AA045713-01	07/01/01	07/01/02	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire) \$ 50,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 1,000
	<input checked="" type="checkbox"/>				PERSONAL & ADV INJURY \$ 1,000,000
	<b>EMPLOYERS LIABILITY</b>	\$1,000,000 LIMIT	07/01/01	07/01/02	GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A	<b>AUTOMOBILE LIABILITY</b>	TRV3312200	07/01/01	07/01/02	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN AUTO ONLY: EA ACC \$
	<input checked="" type="checkbox"/> AUTOMATIC FLEET				AGG \$
	<input checked="" type="checkbox"/> Bobtail Liability				
	<b>GARAGE LIABILITY</b>				EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> ANY AUTO				AGGREGATE \$
					\$
					\$
A	<b>EXCESS LIABILITY</b>	UMV3312201	07/01/01	07/01/02	WC STATU-TORY LIMITS OTH-ER
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				E.L. EACH ACCIDENT \$ 500,000
	<input type="checkbox"/> DEDUCTIBLE				E.L. DISEASE - EA EMPLOYEE \$ 500,000
	<input checked="" type="checkbox"/> RETENTION \$ 10,000				E.L. DISEASE - POLICY LIMIT \$ 500,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	5BA130059-01	07/01/01	07/01/02	VEH LIMIT \$180,000
					DISASTER \$200,000
A	<b>OTHER</b>	CGV3312200	07/01/01	07/01/02	
	<b>WAREHOUSE/CARGO</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

C. AUTO PHYSICAL DAMAGE: POLICY NO. MCP0123615 1,000.00 COMPREHENSIVE  
DEDUCTIBLE, \$1,000.00 COLLISION DEDUCTIBLE

CERTIFICATE HOLDER

N

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

BLANK--

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Scott C. Stevens*